(070) Url	san Rate Comparability Certification Compliance	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448040
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	1292	25/3		
I certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my responsib	ilities include ensuring compliance	with 47 CFR §54.1009(a)(4)	, the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC	-1:3×-11:1-4		
Signature of Authorized Officer:	CERTIFIED ONLINE			Date 06/25/2015
Printed name of Authorized Officer:	Ana Bataille		7.0	140 SH4 5
Title or position of Authorized Officer:	Tax & Regulatory Manager			
Telephone number of Authorized Officer:	6105356911 ext.			
Study Area Code of Reporting Carrier:	448040	Filing Due Date for this form:	07/01/2015	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	ize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repor	ts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	3.0
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorize	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorize	zed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of m	y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
ignature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Title or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agen	it:
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448040	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year	···	2015	
<030>	Contact Name - Person USAC should contact regarding t		Ana Bataille	
<035>	Contact Telephone Number - Number of person identifi		6105356911 ext.	-0->
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	abataille@cellonenation.com	
<142>	State	* <u>1-100.4121.</u>		<u></u>
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	ent (.pdf)	
	If your company serves Tribal lands, please select (Yes, I each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the T government pursuant to § 54.1004 includes:	the attached		

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(res, no, not apprecially
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information		FCC Form 690 Approved by OMB	The state of
			OMB Control No. 3060-1185	
		45" 43" 4411	Page 6 of 8	1000
<010>	Study Area Code	448040		
<015>	Study Area Name	Texas 10, 1	LLC	
<020>	Program Year	2015	10.4	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Batail	le	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911	ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@d	cellonenation.com	
<200>	Date Authorized to Receive Support	08/16/	2013	
<201>	Targeted Completion Date	08/17/	2015	
<202>	Total Mobility Fund Support Awarded	85329.	00	
<203>	Total Mobility Fund Support Disbursed	28443.	00	
<210>	Actual Completion Date			
	CONTROL OF MACUS	F		
<211>	Project Status Description (attached)	448040	_PSD_TX.pdf	
			f	
		{Name	of PDF attached}	
	Please check these boxes below to confirm that the attached PDF, on line			
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information			
	shall be submitted as appropriate.			
<212>	Status of Network Deployment - Network Design	1	7	
<213>	Status of Network Deployment - Construction	1	1	
<214>	Status of Network Deployment - Deployment	1	1	
<215>	Status of Network Deployment - Maintenance	1	1	
<216>	Project Budget Status	1	1	
<217>	Project Plan Status	1	1	
			_	
<218>	Certify Network will Support 3G/4G Mobile Service (Yes / No)	0 (0	

(101) Ceri	tification - Reporting Carrier	FCC Form 690 Approved by QMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448040
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibilities incl best of my knowledge, the information reported on this form and in any att	방 없었다. 그렇게 되는 그리고 있는 것이 없는 것이 하는 것이 되는 것이 하는 것이 없다면 없었다.	for Mobility Fund recipients; and, to the
Name of Reporting Carrier: Texas 10, LLC		
Signature of Authorized Officer: CERTIFIED ONLINE		Date 06/25/2015
Printed name of Authorized Officer: Ana Bataille		
Title or position of Authorized Officer: Tax & Regulatory Manager	200	
Telephone number of Authorized Officer: 6105356911 ext.		
Study Area Code of Reporting Carrier: 448040	Filing Due Date for this form: 07/01/2015	

(102) Cer	tification - Agent / Carrier		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	448040	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	

Ana Bataille

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> abataille@cellonenation.com

<035> Contact Telephone Number - Number of person identified in data line <030> 6105356911 ext.

<030> Contact Name - Person USAC should contact regarding this data

I certify that (Name of Agent)	is authorized to submit the inform	mation reported on behalf of the reporting carrier. I
also certify that I am an officer of the reporting carrier; my n	responsibilities include ensuring the accuracy of the data reporting	requirements provided to the authorized
agent; and, to the best of my knowledge, the reports and da	ta provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		Date:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information report	[1] [4일 [1] [1] 교회에 가게 되었는데 있는데 있는데 하고 있는데 있는데 있는데 있는데 있다면 하는데 있다.
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
litle or position of Authorized Agent or Employee of Agent		
Telephone number of Authorized Agent or Employee of Ag	gent:	
	Filing Due Date for this form:	

Attachments

. . . .

(060) Coverage and Performance Report FCC Form 690 Approved by OMB OMB Control No. 3060-1185 <010> 448040 Study Area Code <015> Study Area Name Texas 10, LLC <020> Program Year 2015 Ana Bataille <030> Contact Name - Person USAC should contact regarding this data 6105356911 ext. <035> Contact Telephone Number - Number of person identified in data line <030> <039> Contact Email Address - Email Address of person identified in data line <030> abataille@cellonenation.com <140> Coverage and Performance Report Year 08/2014 - 07/2015

<c1> <c2> <c3> <141> Certify that **Total Road** Coverage and Resident **Total Resident Road Miles** Miles Performacne Population Population Road Miles per Census Resident covered per data is uploaded Population per **Newly Reached** Reached by per Census **Block Newly** Census Block (yes/no) Census Block by Service Service Block Reached County Census Block State 0000 Yes TX 0 0 0.0 0.0

> Percentage of Total Population Reached by Service

. . . .

0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC ("Texas 10" or "the Company") has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company's construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company's disbursement request filings for additional coverage and performance information.

Texas 10, LLC Form 690 – Annual Report for August 2014 – July 2015

Project Status Description

Item: SAC 448040

County/State: Shelby, TX

Total Award Amount: \$85,329.00

Project Description

The initial Project Description for this project was filed by Texas 10, LLC ("Texas 10" or "the Company") on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

	Fund - §54.1009 Annual Reporting lection Form		Avg. Buro	FCC Form Approved by OMB OMB 3060-1185 den Estimate per Respondent: 18 Hours
<010>	Study Area Code	448041		
<015>	Study Area Name	Texas 10, LLC		Assessed / Filed
<020>	Program Year	2015		Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Ana Bataille		JUN 25 2015
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356911 ext.	F	ederal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	abataille@cellonenation.com		
DESCRIPTION OF THE PARTY OF THE				
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		<u>N)</u> <040> O	•
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>	
<050>	Carrier Contact Information	(complete attached worksheet)	<050>]
<060>	Coverage and Performance Report	(complete attached worksheet)	<060>]
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>]
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribai lands? Yes or Noj	0	O
		(If yes, complete the attached worksheet)	<080>	
<090>	Project Update Information	(complete attached worksheet)	<090>	Ì
<100>	Certifications		-	
	<101> Reporting Carrier Certification (comp	elete attached certification)	<101>	
	<102> Agent Certification (comp	lete attached certification)	<102>	Î.

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	fer Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448041	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding		Ana Bataille	
<035>	Contact Telephone Number - Number of person ident		6105356911 ext.	
<039>	Contact Email Address - Email Address of person iden	tified in data line <030>	abataille@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	0017235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>		A CONTRACTOR OF THE PARTY OF TH		
	Winning Bidder Carrier Name	Texas 10, LLC	Y	
<113>	Street Address (or PO Box)	1170 Devon Park Dr	rive, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356911 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	abataille@cellonen	mation.com	
<pre><120> <121> <122> <122> <123> <124> <125> <126> <127> <127> <128></pre>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Ana Bataille Texas 10, LLC 1170 Devon Park Dr Wayne PA 19087 6105356911 ext. 6106885209 abataille@cellonen		
Authorize	d Agent Information if no agent, indicate in this box]		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State	<i>y</i>		
<135>	Zip-Code			
<136>	5 CONTROL CONT			
	Telephone Number			
<137>	Fax Number		-	
<138>	Email Address			

	verage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No., 3060-1185 Page 3 of 8
<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<140>	Coverage and Performance Report Year 08/2014 - 07/2015	
	Coverage and Performace attachements	TX.zip

<b1> <b2> <b3> <c1> <c2> <c3> <141> Total Certify that Road Road Road Miles per Miles Coverage and Resident **Total Resident** Miles Census Performance data covered Population Resident Population is uploaded Block per per Population per Newly Reached Reached by Census Newly Census (Yes/no) County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered Service by Service

(070) Urt	en Rate Comparability Certific	Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015

Ana Bataille

abataille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

C	eruncation of Officer of Emple	oyee as to Compliance with 47 CFR §54.100	9(a)(4)
certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my responsi	bilities include ensuring compliance with 47 CFR §5	54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC		114
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/25/2015
Printed name of Authorized Officer:	Ana Bataille		
Title or position of Authorized Officer:	Tax & Regulatory Manager		
Telephone number of Authorized Officer:	6105356911 ext.		
Study Area Code of Reporting Carrier:	448041	Filing Due Date for this form: 07/01/2015	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	eporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repo	rts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<030> Contact Name - Person USAC should contact regarding this data

<039> Contact Email Address - Email Address of person identified in data line <030>

<035> Contact Telephone Number - Number of person identified in data line <030> 6105356911 ext.

Certification of Agent Authorize	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or
data provided by the reporting carrier; and, to the best of my	knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent or Employee of Agent:	
Signature of Authorized Agent or Employee of Agent:	Date:
Printed name of Authorized Agent or Employee of Agent:	
Fitle or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(101) Cert	ification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abstaille@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10, LLC				
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/25/2015			
Printed name of Authorized Officer: Ana Bataille				
Title or position of Authorized Officer: Tax & Regulatory Manager				
Telephone number of Authorized Officer: 6105356911 ext.				
Study Area Code of Reporting Carrier: 448041	Filing Due Date for this form: 07/01/2015			

vooj mo	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448041	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2015	
<030>	Contact Name - Person USAC should contact regarding this		Ana Bataille	
<035>	Contact Telephone Number - Number of person identified	l in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified	d in data line <030>	abataille@cellonenation.com	
<142>	State _			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			Politicana statuerra
<145>	Tribal Government Engagement Obligation	Name of Attached Docum	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(Yes, No, Not Applicable)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	263790.00
<203>	Total Mobility Fund Support Disbursed	87930.00
<210> <211>	Actual Completion Date Project Status Description (attached)	448041_PSD_TX.pdf
7211	Project Status Description (attached)	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
<212>	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<u> </u>
<214>	Status of Network Deployment - Construction	
<215>	Status of Network Deployment - Deployment Status of Network Deployment - Maintenance	<u>'</u>
<216>	Project Budget Status	
<216>	Project Plan Status Project Plan Status	<u>'</u>
<218>	Certify Network will Support 3G/4G Mobile Service (Ves. / No.)	0 0

(102) Ce	rtification - Agent / Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 8 of 8
<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ans Baraille

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> abataille@cellonenation.com

<035> Contact Telephone Number - Number of person identified in data line <030> 6105356911 ext.

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting c
	consibilities include ensuring the accuracy of the data reporting requirements provided to the authorized
agent; and, to the best of my knowledge, the reports and	provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of Reportin	ng Carrier
	orized to submit the reports for Mobility Fund recipients on behalf of the carrier; and, to the best of my knowledge, the information reported here	
Name of Reporting Carrier:		
Name of Authorized Agent or Employee of Agent:		
Signature of Authorized Agent or Employee of Agent:		Date:
Printed name of Authorized Agent or Employee of Agent:		
Title or position of Authorized Agent or Employee of Ager	nt.	
elephone number of Authorized Agent or Employee of A	gent:	
	Filing Due Date for this form:	

Attachments

060) Coverage and Performance Report			FCC Form 690
		The second of the second of the second of	Approved by OMB
			OMB Control No. 3060-1185
· 在	LINE HA LOOK CO. T. I WINN	St. St. Car. But All March 1982 And Carlotte	

<010>	Study Area Code	448041
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com
<140>	Coverage and Performance Report Year	08/2014 - 07/2015

(ct) (cb) (cb) (d) <a3> <b1> <141> Certify that **Total Road** Coverage and Resident **Road Miles Total Resident** Miles Performacne Population per Census Resident Population **Road Miles** covered per data is uploaded Newly Reached by Service **Block Newly** Population per Reached by per Census Census Block (yes/no) County Shelby Census Block Census Block Block Reached Service 0000 TX 0 0 0.0 Yes 0.0 0.0

> Percentage of Total Population Reached by Service

. .

0		

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC ("Texas 10" or "the Company") has completed construction and deployment with respect to the SAC associated with this filing. Drive testing is ongoing throughout those census tracts for which the Company has been authorized to receive awards, with all drive testing and disbursement request filings to be completed in advance of the Company's construction deadline of August 17, 2015. On or prior to that date, Texas 10 will submit these filings, which will include the required coverage and performance data. Please reference the Company's disbursement request filings for additional coverage and performance information.

Texas 10, LLC Form 690 – Annual Report for August 2014 – July 2015

Project Status Description

Item: SAC 448041

County/State: Shelby, TX

Total Award Amount: \$263,790.00

Project Description

The initial Project Description for this project was filed by Texas 10, LLC ("Texas 10" or "the Company") on November 1, 2012, accompanying its Form 680 long form application. The Company updated this information in its 2014 Mobility Fund Phase I Annual Report, filed July 30, 2014. Both filings are incorporated herein by reference. The current update of material changes to the Project Description information previously provided for this census tract is as follows. Texas 10 has completed network design, construction, and deployment of the contemplated upgrades to its network. The upgrades have been tested and launched into commercial service. The network is now serving customers in this census tract with mobile broadband as well as voice services. The project remains within total amounts budgeted. The Company remains firmly committed to complying with all regulatory obligations associated with the support. Texas 10 has commenced its monthly, semiannual and annual maintenance reviews at each cell site, and will obtain third-party maintenance services and replacement equipment from its vendors as applicable.

FCC Form Approved by OMB **Mobility Fund** OMB 3060-1185 Phase 1 - §54.1009 Annual Reporting Avg. Burden Estimate per Respondent: 18 Hours **Data Collection Form** 448042 <010> Study Area Code Texas 10. LLC <015> Study Area Name Accepted / Filed 2015 <020> Program Year <030> Contact Name: Person USAC should contact Ana Bataille with questions about this data <035> Contact Telephone Number: 6105356911 ext. Federal Communication Control Control Number of the person identified in data line <030> Office of the Secretary <039> Contact Email: abataille@cellonenation.com Email of the person identified in data line <030> (check box when complete) \odot <040> Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N) <040> <041> Attach a description of the documents filed with the Form 481 reporting <041> <042> Cite the Study Area Code (SAC) for the Form 481 reporting <042> <050> Carrier Contact Information (complete attached worksheet) <060> Coverage and Performance Report (complete attached worksheet) <070> Urban Rate Comparability Certification (complete attached certification) <080> Tribal Lands Reporting (y/n?) (Does this study area cover tribal lands? Yes or No)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Reporting Carrier Certification

Agent Certification

Project Update Information

<100> Certifications

<101>

<102>

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

(complete attached certification)

(complete attached certification)

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

(If yes, complete the attached worksheet)

(complete attached worksheet)

< 080

<101>

<102

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

IOEAN Com				FCC Form 690
(USU) Carr	ler Contact Form			Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448042	an tertification of the second
<015>	Study Area Name		Texas 10, LLC 2015	
<030>	Program Year Contact Name - Person USAC should contact regarding thi	is data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified		6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified	d in data line <030>	abataille@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	NUMBER ASSESSMENT OF CHARLES THE CHARLES TO A SECTION OF CHARLES THE CHARLES T	0017235110		
<111>	- 1000 - 100 m m m m m m m m m m m m m m m m m m	Texas 10, LLC		
<112>	TATORIO TELEFONO DE CAMBRON.			
<113>		Texas 10, LLC	ve Suite 104	nelson MT
	A CARACTER CONTRACTOR OF THE CARACTER CONTRACTOR CONTRA		ve, suice iou	
<114>		Nayne		
<115>	TORRESPOND	PA		
<116>		19087		-
<117>	no particular managarana	5105356911 ext.		
<118>	1.2	5106885209	4.1	
<119>	Email Address	abataille@cellonenat	tion.com	
Contact In	formation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	na Bataille	11 - 34 - 33	
<121>	Filing Carrier Name	exas 10, LLC	-	
<122>	Street Address (or PO Box)	170 Devon Park Driv	re Suite 104	
<123>	City	ayne		
<124>	State P.	A		
<125>	Zip-Code 1	9087		
<126>	Telephone Number 6	105356911 ext.	1107.03.52.13	
<127>	Fau Number	106885209		
<128>	-	bataille@cellonenat	ion.com	
	-	Datailleoction		<u> </u>
	T1 20 8 18			
Authorize	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
			2 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	
<131>	Company			
<132>	Street Address (or PO Box)		- 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000 - 10000	
<133>	City			
<134>	State		-14-	
<135>	Zip-Code		CHRISTO CO.	
<136>	Telephone Number	4-86		
<137>	Fax Number			
<138>	Email Address			

(060) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448042	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2014 - 07/2015		5) kg
	Coverage and Performace attachements	TX.zip	ogenetic.

<141> <b2> <b3> <c1> Total Road Road Certify that Road Miles per Miles Coverage and Resident Total Resident Miles Census Performance data covered Population Resident Population is uploaded Block per per Population per Newly Reached Reached by Census Newly Census (Yes/no) Census Block Census Block County by Service State Service Block Reached Block -- \$ee attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered Service by Service

(070) Url	an Rate Comparability Certification Compliance	,此外的是不是一个一个人的。	ed by OMB ontrol No. 3060-1185
<010>	Study Area Code	448042	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Ana Bataille	11.00
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356911 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	abataille@cellonenation.com	

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
I certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my respon	sibilities include ensuring compliance with 47 CFR §	54.1009(a)(4), the information reported on this	
Name of Reporting Carrier: Texa	s 10, LLC	West of the second seco		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/25/2015	
Printed name of Authorized Officer:	Ana Bataille			
Title or position of Authorized Officer:	Tax & Regulatory Manager			
Telephone number of Authorized Officer:	6105356911 ext.			
Study Area Code of Reporting Carrier:	448042	Filing Due Date for this form: 07/01/2015		

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on behalf of the reporting ting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the and data provided to the authorized agent is accurate.
And the second s
Date:
Filing Due Date for this form:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or			
data provided by the reporting carrier; and, to the best of my	knowledge, the information reported herein is accurate.		
Name of Reporting Carrier:			
Name of Authorized Agent or Employee of Agent:			
ignature of Authorized Agent or Employee of Agent:	Date:		
rinted name of Authorized Agent or Employee of Agent:			
itle or position of Authorized Agent or Employee of Agent			
elephone number of Authorized Agent or Employee of Agent:			
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:		